Name in Full —

Certificate of Death

Sena, Butcher,

Town

Died at Sassafras County Kent MARYLAND

Month Day Y. M. D.

Date 189 9 12" 23" Age abt 80 yrs Native of Md Occupation Laborer

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of —

Father's Name —

Mother's Name —

Cause of Death { Primary 25 h How long sick

Immediate Cancer Stomach Accident, Suicide, Homicide

Reported by W M Butler.

Address Sassafras. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Bessie L. Ellison

Certificate of Death

Died at Fountain Church (Town) Kent Co (County) MARYLAND

Date 1897 Month Dec Day 18 Age Y. 2 M. D. Native of Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Oliver Ellison Mother's Name Laran Lacee.

Cause of Death: Primary Consumption 22a How long sick 2 mths.

Immediate

Accident, Suicide, Homicide

Reported by W A Ellison Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

attended by Dr W Bridson
Still Born
Md

Name in Full: Georgie Whitson

Certificate of Death

Died at: Town: Edgewood; County: Kent; MARYLAND

Date 1897: Month: 12; Day: 28; Ago: Y. 31, M. 2, D. 1; Native of: Md; Occupation: Housework

~~Male~~ / Female; White / ~~Colored~~; Married / ~~Single~~; ~~Widow~~ / ~~Widower~~; ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of: George Whitson

Father's Name: Tom Wright; Mother's Name: Maggie Wright

Cause of Death — Primary: Phthisis Pulmonalis; How long sick: 8 Months

Cause of Death — Immediate: 220

~~Accident, Suicide, Homicide~~

Reported by: Jos W. Uric M.D.

Address: Hillsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596B

Name in Full Sarah J. Chism

Certificate of Death

Died at Town Fountain Church County Kent, Co MARYLAND

Date 1899 Month Dec Day 25 Age Y. 29 M. — D. —

Native of Virginia Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2.

~~Husband~~ Wife of Oliver Chism.

Father's Name Tom Stewart Mother's Name Armita Stewart

Cause of Death: Primary Consumption 22a How long sick 4 months

Immediate

~~Accident, Suicide, Homicide~~

Reported by W H Kirsen Under Taker Kent Still Road Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended by J. M. Ulrie. In 20

Still Pond

Md

Name in Full

Thornton A. Fiddis

Certificate of Death

Died at Chestertown (Town) Kent (County) MARYLAND

Date 1899 Month 12 Day 28 | Age Y. 62 M D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of Levi Fiddis

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 1-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Adelaide Mrs. Levin L. Fowler

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 Month 12 Day 23 | Age Y. 64 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 7

Husband of Wife Levin L. Fowler

Father's Name Wm. Frazier | Mother's Name 161

Cause of Death: Primary complications of diseases | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Enterprise 12-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Pere H. Geare

Died at Town: Worton County: Kent MARYLAND

Date 189 9 Month: Dec Day: 28

Age Y. 76 M. 8 D.

Native of: Kent Co Md

Occupation: Retired Farmer

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~

Number of children living: 6

Husband / Wife of: Dont Know

Father's Name: Dont Know

Mother's Name: Dont Know

Cause of Death — Primary: La Grippe 9 — How long sick: One year

Cause of Death — Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by: John H. Hossey M.D.

Address: Hunesville [redacted] md

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Enoch Allen Roland

Certificate of Death

Died at Town Charlestown County Kent Co MARYLAND

Date 189 9 Month 12 Day 18 Age Y. 3 M. D. Native of Kent Co Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of —

Wife

Father's Name Enoch H Roland

Mother's Name Anna E Spicer

Cause of Death: Primary 140

Immediate Infantile Monoplegia

How long sick 2 Days

~~Accident, Suicide, Homicide~~

Reported by N. Francis Hennis M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full William T. Slagle

Certificate of Death

Town Kent County

Died at MARYLAND

Date 1899 Month 12 Day 26 | Age Y. 57 M. 9 D. 19 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Kent News,

Address Jan. 27, 1899

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70909

Name in Full

Ernit Taylor Jr

Certificate of Death

Died at Town Near Still Pond County Kent MARYLAND

Date 189 9 Month 12 Day 21 | Age Y. 28 M. 2 D. 3 | Native of Md | Occupation Sailor

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

Husband of Wife 1

Father's Name Ernit Taylor | Mother's Name Emmia Dwyer

Cause of Death: Primary Typhoid Fever How long sick 28 days

Immediate Internal Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Jas H. Ulric, M.D.

Address Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full — Certificate of Death

Miss Mollie Stilson

Died at Galena — Town — County Kent — MARYLAND

Date 189 9 — Month 12 — Day 29 — Age Y. M. D. — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jas. Stilson — Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 1-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Lt. M. T. Hicks.